

CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY
SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

VOLUME 6, NUMBER 22

MAY 31, 1949

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California's Leading Accident Problem*

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Even the most enthusiastic Californian would hardly boast of his State's position among the other states in regard to motor vehicle accidents. For many years, California has been among the states with the highest death and injury toll from this cause. In 1947, only five states had larger death rates from motor vehicle accidents than California. Each of the five states has a sparse resident population and a large number of tourists or temporary residents so that deaths occurring in these states to residents of other states may unduly weight the rates.

Despite out-of-state comments, California's record is not entirely the fault of the proverbial "California Driver"; the fact that Californians own twice as many cars per capita as the average American must be considered. Without the public transportation developed over years by eastern cities, Californians find an automobile almost a necessity. The accompanying 10-year trend table shows that, despite the drop during the war years, fatalities from motor vehicle accidents, as well as the number of automobile registrations have increased.

Motor vehicle accident fatalities are the leading cause of all deaths from ages one through 34, and are one of the leading causes of all deaths. The prevention of such accidents has therefore become a public health problem, particularly since in the vast majority of cases the deaths, injuries, and property damage are preventable.

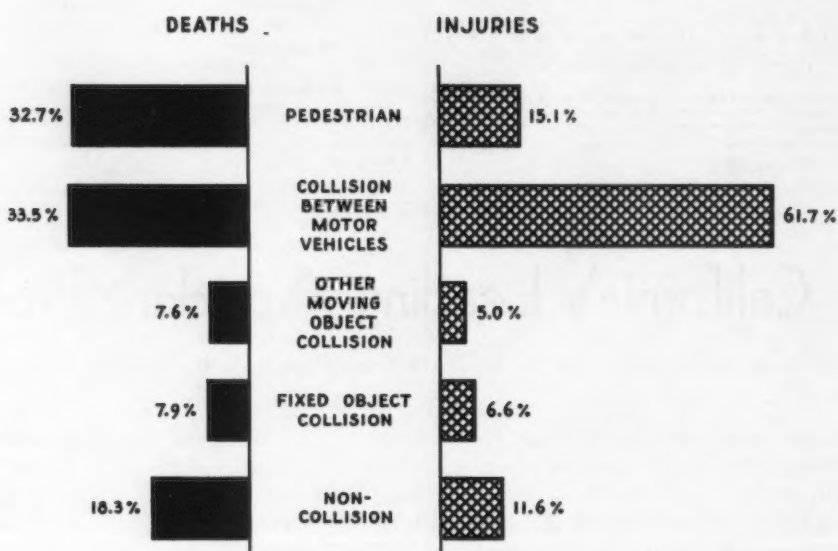
Accidents involving motor vehicles can be considered from three angles: accidents caused by mechanical failure, those caused by driver failure, and those involving other persons or outside conditions over which the driver has no control.

In a comparatively small number of cases, mechanical defects were reported as a contributing cause of accidents. Defective brakes, blowouts, and defective steering mechanisms were reported in the greatest number of these instances. The driver should always keep the possibility of mechanical failures in mind when tempted to drive at excessive speed or indulge in reckless driving. Vehicles should be checked regularly to cut down this possibility to the minimum.

The greatest number of motor vehicle accidents are the result of the driver's carelessness or recklessness. Of the violations of the Motor Vehicle Code by drivers involved in accidents, 37 percent were reported as caused by excessive speeds. Other violations included improper passing, violations of the right of way of other automobiles, driving on the wrong side of the road, and improper turning.¹ These violations show lack of driver courtesy—the fellow who would never dream of pushing someone else off a sidewalk will gladly force another car into a ditch in a frantic effort to get no place just a few minutes sooner. Such discourtesy becomes almost a matter of pride as the usually meek and well-mannered individual feels the exhilaration of being in sole command of a 120-horsepower engine.

* Third and last in a series dealing with California's accident problem.

MOTOR VEHICLE DEATHS AND INJURIES BY TYPE OF ACCIDENT CALIFORNIA - 1947 (BY PLACE OF OCCURRENCE)



SOURCE: TABLE 2

Drivers often allow themselves to be distracted by the radio, by conversation or some passing scene. Often, just a second's such distraction will prove fatal. Defective eyesight, hearing or excessive fatigue are contributing causes in some accidents. Whenever possible, long stretches of driving should be avoided, especially at night when the danger of falling asleep is the greatest. Probably the greatest contributing cause of driver failure is alcohol—in 1947, one person in four involved in motor vehicle accidents had been drinking. Even small amounts of alcohol decrease reaction time. Fatigue and increasing age also cause a slower reaction time.

SAFETY EDUCATION

Since the largest number of accidents involve young drivers,¹ one of the basic ways to lessen the number of motor vehicle accidents now and in the future is to provide good instruction in motor vehicle operation.

¹ State of California, Department of Highway Patrol, *Annual Statistical Report for 1948*.

TABLE 1
REGISTRATIONS OF MOTOR VEHICLES AND DEATHS FROM
MOTOR VEHICLE ACCIDENTS—CALIFORNIA, 1938-1947
(Deaths are by place of occurrence)

Year	Population as of July 1	Registration	Deaths	
			Number	Rate (a)
1938.....	6,046,239	2,552,208	2,784	41.9
1939.....	6,780,964	2,652,269	2,860	42.2
1940.....	6,907,387	2,822,345	3,018	43.7
1941.....	7,228,339	3,014,903	3,524	48.8
1942.....	7,664,217	2,993,013	2,579	33.6
1943.....	8,467,945	2,809,539	2,622	31.0
1944.....	8,755,851	2,944,958	2,613	29.8
1945.....	8,822,688	2,924,886	3,643	41.3
1946.....	9,550,727	3,182,008	3,742	39.2
1947.....	9,812,000	3,584,352	3,464	35.3

^a Per 100,000 estimated population.

NOTE: The 1940 population is the population enumerated April 1, 1940. Death rates 1940-1947 are based on the total population exclusive of the armed forces overseas.

SOURCE:

State of California, Department of California Highway Patrol, "Annual Statistical Report for 1948," pp. 7, 57.

Ibid., Department of Public Health, Vital Statistics Records.

U. S. Bureau of the Census, "Vital Statistics Rates in the United States, 1900-1940," Table 1, pp. 824-857.

Ibid., "Population—Special Reports," Series F-46, No. 3 (February 12, 1946), Table 1, p. 3.

Ibid., Table 3, p. 4.

Ibid., Series P-25, No. 2 (August 15, 1947), Table 3, p. 5.

Ibid., Series P-25, No. 12 (August 9, 1948), Table 3, p. 7.

A good working knowledge of the automobile and the mechanics of its operation in a classroom atmosphere is more conducive to skill and care in driving than haphazard learning under drivers themselves unversed in the elements of traffic safety. Teaching in high school classes could go a long way to eliminate "smart-aleck" driving among high school and college students if approached from the right point of view. To know how to drive has become almost a necessity and has as much a place in the curriculum of the high school as the teaching of other skills. Often exhibits, special field trips, guest speakers and special projects prove an interesting way to teach the elements of driver and pedestrian safety.

The weather, time of day, and condition of the road are contributing factors in a small number of accidents. Driver caution should increase with night-time driving or travel through construction zones. Car lights should be in good condition and care exercised

in dimming lights when passing another car.

Highway planning and design has become a recognized branch of engineering. The divided highway, curves banked to accommodate cars at certain speeds, and the use of freeways are only a few of the safety features being incorporated in highway construction.

The carelessness of pedestrians is an important cause of death and injury. Almost one in four fatal accidents in California involve pedestrians. Although one-third of these accidents were caused by driver violation of pedestrian right of way, the other two-thirds were presumably the fault of the pedestrians.¹ Jay-walking is common in many cities and towns, although some cities, such as Los Angeles, have put on concentrated campaigns to eliminate it by giving the offenders traffic tickets.

In 1947, 18,840 children of school age were killed or injured in California. Prevention of accidents in the younger age groups is primarily the responsibility of

the driver. Traffic safety should be taught to the child as early as possible and proper supervision provided until the child is old enough to realize the dangers involved. Play space away from the streets is important. Safety can become a part of the school lessons with the organization of Safety Patrols.

The enactment and enforcement of better traffic laws have been the preventive measures employed by the law-enforcement agencies. However, this will always be only a partial solution, depending for success on the number of traffic officers available. The only real solution seems to be in education of the individual in his responsibilities to himself and others in preventing such accidents. In this education, public health agencies can play a part because of their access to home and school. If the ideal of a healthy community is to be attained, they must play a part.

**MOTOR VEHICLES REGISTERED
AND DEATHS FROM MOTOR VEHICLE ACCIDENTS
CALIFORNIA, 1938-1947**
(DEATHS ARE BY PLACE OF OCCURRENCE)

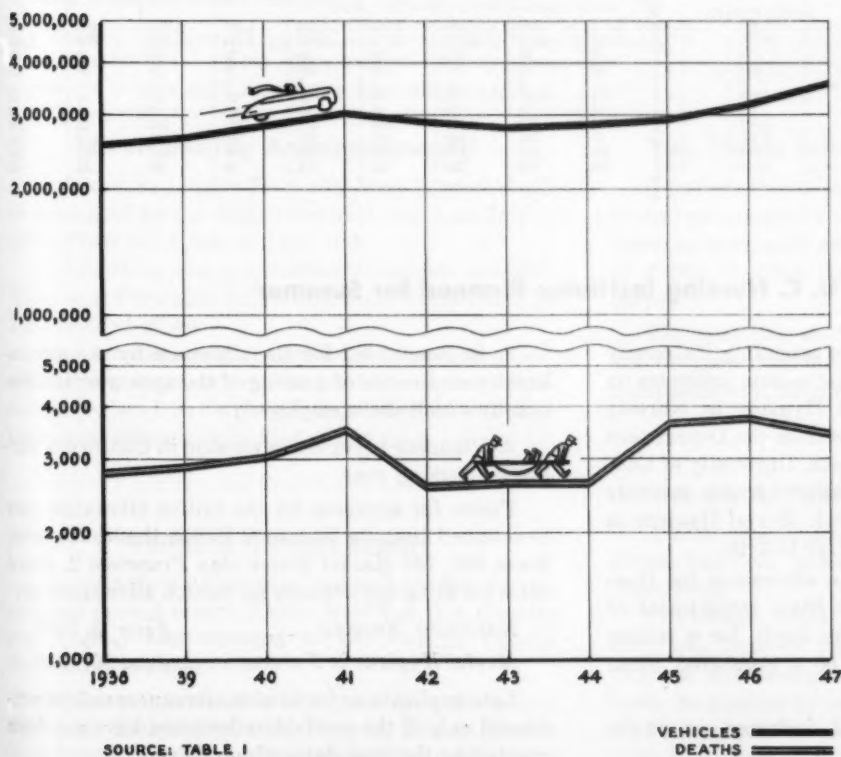


TABLE 2
DEATHS AND PERSONS INJURED FROM MOTOR VEHICLE ACCIDENTS *
BY TYPE OF ACCIDENT AND AGE GROUP
CALIFORNIA, 1947
 (By place of occurrence)

Deaths

Type of accident	Total all ages		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70 and over	Age not stated
	Number	Percent									
Total, Motor Vehicle Accidents.....	3,498	100.0	246	387	717	461	443	426	449	369	
Collision with:											
Pedestrian.....	1,144	32.7	142	46	73	75	143	176	236	253	
Other motor vehicle.....	1,171	33.6	47	156	287	182	178	126	125	70	
Train.....	184	5.3	6	23	37	36	20	26	22	14	
Streetcar.....	30	0.8	2	1	7	9	5	2	1	3	
Horse-drawn vehicle.....											
Bicycle or tricycle.....	51	1.4	8	27	3	1		5	3	4	
Animal.....	1	b			1						
Fixed object.....	278	7.9	10	44	106	43	22	31	14	8	
Overturned in roadway.....	181	5.2	2	42	75	32	11	11	6	2	
Ran off roadway.....	359	10.3	4	40	114	68	53	39	32	9	
Other non-collision.....	99	2.8	25	8	14	15	11	10	10	6	

* Includes accidents occurring on private property.

a The number of deaths from this source varies slightly from the total given by the Department of Public Health, because of differences in time periods used.

b Less than 0.1 percent.

SOURCE:

State of California, Department of California Highway Patrol, Annual Statistical Report for 1948, p. 11.

Persons Injured

Type of accident	Total all ages		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70 and over	Age not stated
	Number	Percent									
Total, Motor Vehicle Accidents.....	75,873	100.0	6,723	11,484	20,500	12,268	8,763	6,488	4,010	2,087	3,550
Collision with:											
Pedestrian.....	11,421	15.1	2,873	1,053	1,091	1,127	1,299	1,327	1,208	882	561
Other motor vehicle.....	46,791	61.9	2,746	6,279	13,759	8,499	5,898	4,154	2,265	943	2,248
Train.....	718	0.9	36	59	212	124	85	71	37	13	81
Streetcar.....	934	1.2	30	71	249	189	166	110	63	26	30
Horse-drawn vehicle.....	15	b		2	1	1	3	2	5	1	
Bicycle or tricycle.....	1,926	2.5	421	1,247	71	38	25	21	18	16	69
Animal.....	196	0.2	14	54	46	38	15	12	3	1	13
Fixed object.....	5,043	6.6	146	935	1,989	834	471	300	143	55	170
Overturned in roadway.....	2,833	3.7	57	708	1,030	462	202	131	77	32	134
Ran off roadway.....	4,833	6.4	105	911	1,818	802	455	277	141	85	209
Other non-collision.....	1,163	1.5	295	165	234	154	114	83	50	33	35

Two U. C. Nursing Institutes Planned for Summer

Nurses who are interested in attending University of California (Berkeley) summer session institutes on Maternity Nursing or Mental Hygiene in Nursing should obtain registration forms from the Department of Institutes, University Extension, University of California, Berkeley 4. The Maternity Nursing institute will be held June 20th to July 8th. Mental Hygiene in Nursing is scheduled for July 11th to 29th.

A limited number of tuition allowances for these institutes is available from the State Department of Public Health. To be eligible to apply for a tuition allowance an applicant must be a registered nurse who is:

1. Employed by a hospital, industry, or public health agency in California;

2. Recommended for the allowance by the administrator or director of nursing of the agency or institution by which she is employed;

3. Planning to engage in nursing in California during the coming year.

Forms for applying for the tuition allowance may be obtained from the Bureau of Public Health Nursing, Room 751, 760 Market Street, San Francisco 2. Final dates for filing applications for tuition allowances are:

Maternity Nursing-----June 3, 1949

Mental Hygiene in Nursing-----June 20, 1949

Late applications for tuition allowances will be considered only if the available allowances have not been granted by the final dates given above.

N. F. I. P. PUBLICITY ON POLIO PRECAUTIONS

FIVE POLIO PRECAUTIONS
ARE LISTED FOR PARENTS

Warning that the 1949 polio season is "just around the corner," the National Foundation for Infantile Paralysis today issued a list of precautionary measures to be observed by those in charge of children during the epidemic danger period which usually runs from May through October, reaching its peak during the hot, mid-summer months. The five easy-to-follow health rules for children are:

1. Avoid crowds and places where close contact with other persons is likely.
2. Avoid over-fatigue caused by too active play or exercise, or irregular hours.
3. Avoid swimming in polluted water. Use only beaches or public pools declared safe by local health authorities.
4. Avoid sudden chilling. Remove wet shoes and clothing at once and keep extra blankets and heavier clothing handy for sudden weather changes.
5. Observe the golden rule of personal cleanliness. Keep food



tightly covered and safe from flies or other insects. Garbage should be tightly covered and, if other disposal facilities are lacking, it should be buried or burned.

The National Foundation also listed the following symptoms of infantile paralysis: headache, nausea or upset stomach, muscle soreness or stiffness, and unexplained fever. Should polio strike in your family, call a doctor immediately. Early diagnosis and prompt treatment by qualified medical personnel often prevent serious crippling, the National Foundation pointed out.

The organization emphasized that fear and anxiety should be held to a minimum. A calm, confident attitude is conducive to health and recovery. Parents, it said, should remember that of all those stricken, 50 per cent or more recover completely, while another 25 per cent are left with only slight after effects.

If polio is actually diagnosed, contact the chapter of the National Foundation for Infantile Paralysis serving your community. The chapter will pay that part of the cost of care and treatment which patient or family cannot meet.

The "five polio precautions" article appearing here is reproduced from a "mat" distributed by the National Foundation for Infantile Paralysis to weekly newspapers, magazines and comic books throughout the country.

In addition, articles containing identical copy have been released to daily newspapers and other communication media.

The pamphlet "Message to Parents" distributed by the foundation in previous years which covered this material will not be available in 1949.

Local health departments may adapt this article for use in their own programs or may obtain copies of the mat to be produced in newspapers from the N. F. I. P. office, 1024 Kohl Building, San Francisco 4.

The Constant Invader

The Constant Invader, a transcribed radio series on tuberculosis starring Ray Milland, is now being broadcast weekly in the city of San Francisco by the local tuberculosis and health association.

The program is released at 2.45 p.m. on Saturdays over Station KFRC.

CUT OUT AND KEEP FOR REFERENCE

Examination Announcements

An examination for *Food and Drug Inspector* will be conducted by the State Personnel Board on July 7, 1949. Final filing date is June 16th.

Information and application forms are available from local Personnel Board and State Department of Employment offices.

Also announced by the Personnel Board is a program of continuous testing for graduate nurses. Applications for work in California state hospitals and other state institutions may be filed at any time.

Ventura Annual Report

An attractively illustrated and well-written mimeographed annual report, *Public Health in Our County*, has recently been released by the Ventura County Health Department.

If you are interested in seeing a copy, write to Lila Atkisson, Health Educator, Ventura County Health Department, 648 Buena Vista Street, Ventura.

Yes, There Will Be No Questionnaire

Questionnaires seeking information on local rabies control programs will not be sent to local health departments as previously announced, the State Department of Public Health's Rabies Study Committee has reported.

The committee decided to first explore other methods of gathering information before any extensive questionnaire is circulated.

A. N. A. Public Relations Manual

A comprehensive manual of public relations techniques has been published by the American Nurses Association.

The volume, titled *A. N. A. Public Relations Workshop*, was prepared for the guidance of the A. N. A.'s national membership and much of the material can easily be applied by other groups in the health field.

The manual is available for \$2.50 from the A. N. A., 1790 Broadway, New York City.

School of Public Health Establishes Medical Care Section

A new section in Medical Care Administration has recently been established by the School of Public Health at the University of California. The school is one of five in the United States, and the only one in the western states, to establish such a teaching and research program. This new curriculum is closely related to the existing programs in hospital management and public health administration previously developed in the school, and together the three sections constitute an integrated Division of Public Health and Medical Administration.

Edward S. Rogers, M.D., M.P.H., Dean of the school, heads the joint division. E. Richard Weinerman, M.D., M.P.H., who was brought to the university as Visiting Associate Professor of Medical Economics during the current year, will remain in charge of developing the new medical care curriculum. Dr. Weinerman has had broad experience in both administrative and research aspects of this field. Two part-time visiting lecturers in Medical Economics, Sydney S. Norwick, M.D., M.P.H., and Dean A. Clark, M.D., are also on the teaching staff of the new section. A small research staff, headed by Charlotte F. Muller, Ph.D., is currently engaged in medical economics field studies.

According to Dr. Weinerman, the new section has been developed primarily to meet the increasing demands for more knowledge and better trained personnel in the rapidly expanding field of organized medical care. He emphasized the tremendous growth of such programs that has taken place in recent years. These have been sponsored under such diverse auspices as state and county medical societies, Blue Cross and other nonprofit associations, cooperatives, private industry, unions, and on all levels of governmental activity. There is need for systematic and objective study of the complex problems of planning and administration. There is also growing need for specially trained administrative personnel for these functions. The new program of the school is addressed to these needs.

The school also has been particularly conscious of the fact that new responsibilities in this field are constantly being placed upon state and local health departments. As programs develop in such fields as chronic disease control, maternal and child health, hospital survey and construction, and welfare medical services, the importance of providing work in medical administration to those training for health officerships has been recognized by the school. The many proposals for medical care legislation under consideration at state and national levels, most of which designate the official health unit as the responsible administrative agency, further reflects this need.

THE TEACHING PROGRAM

The teaching program of the new Section in Medical Care Administration includes both undergraduate and graduate students in public health and allied fields. A "preadministration" curriculum has been designed for undergraduate public health majors who are interested in training themselves for later work in health agency, hospital or medical care activity. On the graduate level, the curriculum is designed both for specialists in medical and hospital administration and for those candidates for the M.P.H. degree who are concentrating in other areas of public health.

RESEARCH

A research program, designed to make the school a useful repository of factual data in medical economics, has been one of the first steps undertaken by the new section. The general research policy involves analyzing information from original studies, field observations and publications of medical care programs now in operation. Accordingly, the first project initiated, in cooperation with the division of biostatistics, involves a new technic for systematically accumulating morbidity and medical care data from a large population group. Also underway is a series of field studies of group practice and group prepayment plans in California, carried on by the staff and by supervised graduate students specializing in this field.

An additional responsibility which the new section has taken on is that of building up and systematizing a library of materials in this field. Research into the relation of social and economic factors and the receipt of medical care, as well as other avenues of interest to students of this field, should be facilitated by the development of a comprehensive library. The section hopes to be able, finally, to serve as a source for consultation in problems of medical care, offering technical aid and other help to interested persons or organizations in the West.

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control."—United Nations Universal Declaration of Human Rights.

"Everyone has the right of equal access to public service in his country."—United Nations Universal Declaration of Human Rights.

Blanche Peterson McGinnis

The development of public health nursing in the United States has been so rapid and vigorous that we rarely think of it as a young profession. Today the practice of public health depends in large measure upon the public health nurse, and she is taken for granted.

Blanche Peterson McGinnis, former supervisor of public health nursing in the Los Angeles City Health Department, died in March. Here was a nurse only 56 years old, still in the height of her power, who had made original contributions to the basic development of public health nursing. She joined the staff in 1916, when the National Organization for Public Health Nursing was only four years old and before there was a public health nursing course in any California college.

Mrs. McGinnis was a pioneer in several areas of service initiated by the Nursing Division of the City Health Department. In 1920 she was placed in charge of maternity and child health services. Throughout her career this remained a major interest and her last important assignment, just before her retirement in 1947, was reorganization of all maternity clinics and the revision of clinic and field manuals. In 1924, during the pneumonic plague epidemic, she was chosen to direct the work of a group of nurses in the Jackson Street area. An outstanding contribution to the education of public health nurses was her organization of the orientation center for new nurses, at that time, 1923, known as the "teaching district." This means of introducing new staff to the program and to their duties was indeed an innovation.

Mrs. McGinnis was aware of the challenge presented by nursing in the home. She continuously studied the newest, and accepted only the best, in home nursing techniques and methods. This with her splendid enthusiasm inspired young student nurses, as well as staff, to carry on effectively and derive satisfaction from their work.

The influence of her interest and loyalty is seen in the fine standards that we have today, and in the vigor of the program in the Nursing Division of the Los Angeles City Health Department. This influence extended beyond the public health field. Mrs. McGinnis was a graduate of the Angelus Hospital School of Nursing, Los Angeles, and during her long career she was active in our professional organizations and keenly interested in all phases of nursing.

Mrs. McGinnis was a person of integrity and charm. She was an inspiring supervisor, a loyal and sympathetically understanding friend, and was loved and respected by all who knew her.—*Edna L. Hedenberg, Director of Nurses, Los Angeles City Health Department.*

Food and Drug Administration Reports Urethane Seizures

The Federal Food and Drug Administration recently reported seizures of the drug syrup of urethane, manufactured by the Marvin R. Thompson Company, Inc., Stamford, Connecticut.

At the same time, physicians, pharmacists and consumers were warned that the administration of urethane in the quantity recommended on the label of the product may cause a dangerous lowering of the white blood cell count. This condition would leave the patient more liable to infection from disease germs.

Urethane came into use as a sedative about one hundred years ago. Recent medical studies clearly demonstrate its potential danger when used as directed on the labeling of this syrup.

The discontinuance of urethane ordinarily results in a quick return of the white blood cell count to normal.

More than 2,300 gallons of syrup of urethane have been distributed in about 34,000 packages ranging in size from one-half ounce physician's samples to one gallon bottles. The product went throughout the country to physicians, wholesale druggists and retail pharmacists.

Local health departments in California have been asked to inform hospitals, retail pharmacies and physicians in their areas of the dangers in using the urethane product and to remove all remaining supplies from use or sale.

Nutritional Aspects of Gastric Cancer to Be Studied

A study of nutritional aspects of gastric cancer is now underway at the White Memorial Hospital in Los Angeles. Financial support and statistical consultation are being provided by the State Department of Public Health.

This study will seek to determine the relationship between certain dietary factors and the incidence of gastric cancer. The investigation will include an assessment of nutritional habits and a comprehensive examination aimed at determining the presence or absence of gastric cancer and its precursors in a variety of subjects. In addition, the complete tests will be made of gastric secretion and, where indicated, the subjects will be given X-ray and gastroscopic examinations.

That community is greatest in which the greatest number of citizens assume unimposed obligations.

—Lord Moulton

New U. C. Publication on Farm Home Septic Tanks

A revised University of California publication, Circular 82, that tells farmers how to build a concrete septic tank and drainage system for farm homes, is now available at the offices of the farm advisors in the various counties, or from the College of Agriculture, Berkeley 4.

The authors, H. L. Belton and J. P. Fairbank, of the division of agricultural engineering, list materials required, types of tank, recommended locations, and detailed directions for its building. The booklet contains many sketches and photos.

The circular emphasizes the proper installation of a subsurface drainage system and its maintenance. It also cautions prospective builders of septic tank and sewage system to check county ordinances first with the county health department.

Cancer Surveys Completed in 12 of State's Counties

The Chronic Disease Service of the State Department of Public Health in cooperation with the California Medical Association has now completed studies of cancer facilities in 12 of the State's counties.

Cancer studies, undertaken at the request of local medical societies, have been prepared for: Alameda, Butte, Glenn, Kern, Los Angeles, Orange, Riverside, San Diego, San Francisco, San Mateo, Sonoma and Yolo Counties.

Primary purpose of the reports is to present to each area the information on which a well-rounded cancer control program may be developed. Consideration is given to local cancer statistics, institutional facilities, professional and public education, nursing service, and tumor boards.

In several of the counties in which reports were prepared, some of the recommendations have already been put into effect.

"Education should be directed to the full development of the human personality and the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance, and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace."—United Nations Universal Declaration of Human Rights.

"With public sentiment nothing can fail; without it nothing can succeed."—Abraham Lincoln

California Morbidity Report—April, 1949

Civilian Cases

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	4/9	4/16	4/23	4/30	April	1944-1948 April	Jan-April, inc.
Amebiasis (amoebic dysentery)...	10	7	8	10	35		127
Anthrax.....							
Botulism.....							
Chancroid.....	10	9	14	13	46		207
Chickenpox (varicella).....	1,945	1,516	1,559	2,122	7,142	6,796	27,346
Cholera, asiatic.....							
Coccidioid granuloma.....	1	2	2	2	7		27
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum).....			1		1		3
Dengue.....							
Diarrhea of the newborn.....							14
Diphtheria.....	9	10	12	4	35	74	172
Dysentery, bacillary.....	4	6	2	7	19		95
Encephalitis, infectious.....	1				2	4	15
Epilepsy.....	65	58	26	41	190		801
Food poisoning.....			20	18	38		152
German measles (rubella).....	1,236	1,005	798	1,136	4,175		12,792
Glanders.....							
Gonococcus infection.....	315	465	379	425	1,584	2,231	8,102
Granuloma inguinale.....			1	1	2		11
Influenza, epidemic.....	29	26	12	11	78	138	576
Jaundice, infectious.....	15	9	23	13	60		196
Leprosy.....							3
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale).....	3	4	6	2	15		81
Malaria.....	1				1	10	10
Measles (rubeola).....	2,566	1,893	1,762	2,084	8,275	14,684	28,502
Meningitis, meningococcal.....	4	10	7	2	23	38	126
Mumps (parotitis).....	1,412	1,210	1,216	1,717	5,555	4,376	20,355
Paratyphoid fever, A, B & C.....	2	2	1	12	17		27
Plague.....							
Pneumonia, infectious.....	25	65	33	31	154	184	720
Poliomyelitis, acute anterior.....	4	4	6	16	30	15	349
Psittacosis.....			1		1		3
Rabies, human.....	1						1
Rabies, animal.....	8	2	3	5	18	53	84
Rheumatic fever.....	13	10	11	11	45		241
Rocky Mountain spotted fever.....				2	2		2
Scarlet fever.....	81	95	75	87	339	746	1,724
Streptococcal sore throat.....	28	15	20	18	81		295
Smallpox (variola).....							
Syphilis.....	278	332	239	257	1,106	2,078	5,309
Tetanus.....				4	4		11
Trachoma.....	1				1		3
Trichinosis.....							
Tuberculosis, pulmonary.....	190	181	158	168	697	687	2,800
Tuberculosis, other forms.....	13	10	9	20	52	43	151
Tularemia.....							1
Typhoid fever.....	1		1	1	3	19	31
Typhus fever.....				1	1		1
Undulant fever (brucellosis).....	4	5	2	2	13	18	31
Whooping cough (pertussis).....	21	39	54	97	211	418	971
Yellow fever.....							
Spirochetal jaundice.....							
					30,058		112,500

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience, and should act toward one another in a spirit of brotherhood."—United Nations Universal Declaration of Human Rights.

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